

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Marcus MaxwellCOURT CASE NUMBER
1:18-CV-0179-BUDEFENDANT
Robert Almanza, Jr., et al.TYPE OF PROCESS
Summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Robert Almanza, Jr.
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

See attached Exhibit 'A' which should remain SEALED.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
U.S. District Clerk 341 Pine Street, Room 2008 Abilene, Texas 79601	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

ADDRESS TO REMAIN SEALED

RECEIVED U.S. DISTRICT COURT CLERK'S OFFICE ABILENE, TEXAS 01/20/2022	DATE 01/20/2022
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Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
<i>Marcus Maxwell</i>	<input type="checkbox"/> DEFENDANT	325-677-6311

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 77	District to Serve No. 77	Signature of Authorized USMS Deputy or Clerk <i>Gerald Salvia</i>	Date 3/16/22
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 3/4/22	Time 3:15	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Service Fee 65	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED